AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 3:17-cv-00893

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Pfizer, Inc.
was received by me on *(date)* 03/06/2017 .

☐ I personally served the summons on the individual at *(place)* ______________________ on *(date)* __________ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* ______________________ , a person of suitable age and discretion who resides there, on *(date)* __________ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* ______________________ , who is designated by law to accept service of process on behalf of *(name of organization)* ______________________ on *(date)* __________ ; or

☐ I returned the summons unexecuted because ______________________ ; or

☑ Other *(specify)*: In accordance with Amended PTO 5, I mailed the Summons, Civil Cover Sheet and Complaint, via certified mail (RRR) 7014 1820 0000 6405 9315 to Pfizer, Inc. c/o The Corporation Trust Company at 1209 Orange Street, Wilmington, DE. The signed green card is attached hereto. .

My fees are $ 0.00 for travel and $ 0.00 for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 03/16/2017

/s/Kelly A. Fitzpatrick
Server's signature

Kelly A. Fitzpatrick, Esquire
Printed name and title

235 Main Street
Danbury, CT 06810
Server's address

Additional information regarding attempted service, etc:

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pfizer, Inc.
c/o the Corporation Trust Company
1209 Orange Street
Wilmington, DE 19801

9590 9402 1477 5329 5893 45

2. Article Number (Transfer from service label)

7014 1820 0000 6405 9315

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Amy McLaren ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED MAR 09 2017

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt